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ESTATE PLANNING QUESTIONNAIRE

	YOURSELF	SPOUSE
A. GENERAL INFORMATION		
1. Name:	______________________	______________________
2. Other name or nickname known by, if any:	______________________	______________________
3. Home address:	______________________	______________________
	______________________	______________________
4. Home telephone number:	______________________	______________________
5. Occupation:	______________________	______________________
6. Business address:	______________________	______________________
7. Business telephone number:	______________________	______________________
8. Date of birth:	______________________	______________________
9. Citizen of U.S.?	______________________	______________________
10. Length of residence in this state:	______________________	______________________

11. Have you entered into any pre-or post-nuptial agreements? (if so, attach copy): ______________________ ______________________

12. Any prior marriages: ______________________ ______________________

	YOURSELF	SPOUSE

B. FAMILY INFORMATION

1. Children

Name:	Name:
Age:	Age:
Address:	Address:
Name of spouse:	Name of spouse:
Note if from prior marriage (and indicate parent) or if adopted:	Note if from prior marriage (and indicate parent) or if adopted:
Special needs:	Special needs:
Name:	Name:
Age:	Age:
Address:	Address:
Name of spouse:	Name of spouse:
Note if from prior marriage (and indicate parent) or if adopted:	Note if from prior marriage (and indicate parent) or if adopted:
Special needs:	Special needs:

2. Grandchildren

Name:	Name:
Age:	Age:
Indicate parent:	Indicate parent:
Name:	Name:
Age:	Age:
Indicate parent:	Indicate parent:
Name:	Name:
Age:	Age:
Indicate parent:	Indicate parent:

3. If alive, parents' names:
Father ______________________ ______________________

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Mother	____________	____________
Ages:		
Father	____________	____________
Mother	____________	____________
Estimated size of estate:		
Father	____________	____________
Mother	____________	____________
4. Any special circumstances or family relationships that may affect plan of disposition of parents’ assets at death?:	____________	____________
C. ADVISORS (Please list name and telephone nos.)		
1. Other lawyers:	____________	____________
2. Accountant:	____________	____________
3. Stockbroker:	____________	____________
4. Investment advisor:	____________	____________
5. Insurance agent:	____________	____________
6. Other (identify):	____________	____________

D. PERSONAL ASSETS
(use current market value)

	YOURSELF	SPOUSE	JOINT
1. Saving accounts:	__________	__________	__________
2. Certificates of deposit:	__________	__________	__________
3. Money-market accounts:	__________	__________	__________
4. Checking accounts:	__________	__________	__________

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	YOURSELF	SPOUSE	JOINT
5. Stocks (indicate original cost below):	________________	________________	________________
6. Bonds (including E, EE):	________________	________________	________________
7. Mutual funds:	________________	________________	________________
8. Brokerage accounts:	________________	________________	________________
9. Copyrights, patents, trademarks and other intangible rights:	________________	________________	________________
10. Mortgages and leases: (describe property and terms below):	________________	________________	________________
11. Interest in trusts and estates:	________________	________________	________________
12. Interest in limited partnerships (indicate name, % of ownership and original investment below):	________________	________________	________________
13. Jewelry and furs:	________________	________________	________________
14. Coins, stamp and other collections:	________________	________________	________________
15. Antiques and works of art:	________________	________________	________________

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	YOURSELF	SPOUSE	JOINT
16. Furniture and other household effects:	________	________	________
17. Automobiles:	________	________	________
18. Boats:	________	________	________
19. Stock options:	________	________	________
20. Other miscellaneous assets (describe):	________	________	________
TOTAL	________	________	________

E. RESIDENCES

1. Home address:	________	________	________
	________	________	________
cost plus improvements:	________	________	________
mortgages:	________	________	________
2. Condominium or apt. address:	________	________	________
	________	________	________
cost plus improvements:	________	________	________
mortgages:	________	________	________

F. FAMILY BUSINESS

Name:

Address:

Indicate form of ownership (e.g., corporation, partnership, LLC, LLP, sole proprietorship):

Approximate value of business:

% of ownership: H: ________ W: ________ Children: ________ Other: ________

Original investment: H: ________ W: ________ Children: ________ Other: ______

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Attach copies of buy-sell agreement relating to transfer of interests during lifetime or at death, employment agreements and financial statements.

G. LIFE INSURANCE	YOURSELF	SPOUSE
1. Type of policy (i.e., term, whole life, etc.):	____________	____________
2. Insured	____________	____________
3. Owner	____________	____________
4. Primary beneficiary:	____________	____________
5. Contingent beneficiary:	____________	____________
6. Face value:	____________	____________
7. Cash surrender value:	____________	____________
8. Amount of outstanding loan:	____________	____________
9. Annual premium:	____________	____________
10. Type of policy (i.e., term, whole life, etc.):	____________	____________
11. Insured	____________	____________
12. Owner	____________	____________
13. Primary beneficiary:	____________	____________
14. Contingent beneficiary:	____________	____________
15. Face value:	____________	____________
16. Cash surrender value:	____________	____________
17. Amount of outstanding loan:	____________	____________
18. Annual premium:	____________	____________

H. RETIREMENT PLANS	YOURSELF	SPOUSE
1. Pension Plan:		
a. Present value:	____________	____________
b. Your contribution:	____________	____________
c. Vested (indicate %):	____________	____________
d. Insurance held in plan face value:	____________	____________
Cash surrender value:	____________	____________
e. Beneficiary designation:	____________	____________

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	YOURSELF	SPOUSE
2. Profit-Sharing Plan:		
a. Present value:	______	______
b. Your contributions:	______	______
c. Vested (indicate %):	______	______
d. Insurance held in plan face value:	______	______
e. Beneficiary designation:	______	______

3. IRA:

Note: If you have more than one IRA, please make additional copies of this page before filling it out and provide the requested information for all IRAs.

	YOURSELF	SPOUSE
a. Present value:	______	______
b. Beneficiary designation:	______	______
c. Where held (name of bank, brokerage house, or money management firm):	______	______
e. Type of investments (CD, mutual fund):	______	______
f. Has any irrevocable election been made?:	______	______

4. Keogh (HR-10):

	YOURSELF	SPOUSE
a. Present value:	______	______
b. Beneficiary designation:	______	______

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	YOURSELF	SPOUSE
5. Other Retirement plans:	____________________	____________________
6. Deferred comp plans:	____________________	____________________

I. LIABILITIES

	YOURSELF	SPOUSE	JOINT
1. Home mortgage: a. Balance due:	______________	______________	______________
2. Bank loans:	______________	______________	______________
3. Other debts or obligations: (describe below):	______________	______________	______________

J. APPROXIMATE ANNUAL INCOME
(include income from all sources, e.g., salary, fees, commissions, interest, dividends, pension, social security)

$_______________ $_______________

K. MISCELLANEOUS

1. Describe any inheritance you or your spouse expect to receive in the near future.

2. Describe any special estate planning objectives.

3. Who will serve as trustee (similar to an executor) who will have control over your property after your passing (list three to four different names in the order of priority that you want them to serve and please include addresses and phone numbers);

4. Who will have the power to make health care decisions on your behalf when both you and your spouse cannot do it for yourselves (two names with addresses and phone numbers);

5. Who will have the power to make asset management decisions on your behalf when both you and your spouse cannot do it for yourselves (two names with addresses and phone numbers);

6. When do you want the principal portion of your estate distributed to your children assuming you are both deceased, e.g., 1/3 at age 40, 1/3 at age 45, and the balance at age 50?

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I also need a copy of your deed of trust for your home as well as a copy of your latest property tax bill on the home; please provide me with the same documents for any other real property in California in which you have an interest so that all of it can be transferred to the living trust.

To complete the transfer of all of your property to the living trust and thereby avoid probate, your interests in your business would have to be included; I would like to see any documentation you have evidencing ownership (such as stock certificates if you or your spouse are incorporated or partnership agreements).

This information is a good beginning. I look forward to working with you on preparing your estate plan.

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